Medication errors in the United States cost $3.5 billion to treat and affect 1.5 million patients annually. IV medication errors represent 61% of the most serious and costly errors. Selecting safety software that protects you and your patients at every infusion is critical to help prevent these adverse outcomes. Not all safety software offers the ultimate level of protection you need.

The Alaris® System with Guardrails Suite MX software does.
Alaris CQI aggregate data shows that at least one harmful infusion error is averted every 1.8 days with Guardrails Suite MX software.²

Preventable adverse drug events (ADEs) increase LOS by 1.91 days and cost $8,750 per ADE.³,⁴

The right protection for every infusion
Guardrails Suite MX software from CareFusion is the most comprehensive infusion safety software available today. Only Alaris System with Guardrails Suite MX software can help you protect every patient and every infusion, every time.

With one standardized infusion platform across all IV modalities—Syringe, PCA and Pump—Alaris System helps reduce the occurrence of harmful IV medication errors, while also providing meaningful data you can use to improve the overall quality of patient care.

The only software protecting total dose and duration
Any safety software today can prevent infusion errors for continuous infusions, but only Guardrails Suite MX software helps safeguard continuous and intermittent infusions.

For intermittent infusions like antibiotics or chemotherapy, Guardrails Suite MX software provides two limits: one on the drug amount—or total dose—and the other on the delivery duration—for both primary and secondary infusions. For these infusions, other dose error reduction software (DERS) only protects one: the delivery rate.

Actionable data to drive process improvements
Guardrails CQI Reporter software allows hospitals to collect, interpret and respond to collected data during the drug delivery process. The data allows hospitals to track “near-miss” or programming errors that have been averted and could have resulted in patient harm. The actionable data helps identify opportunities for process improvements.

If the wrong total dose of medication is given, the outcome can be devastating. For example:
- At a New Jersey teaching hospital, a 10-month-old baby received 10 times the dose of cisplatin and died¹
- A patient at Dana-Farber Cancer Institute received four times the dose of cyclophosphamide and died⁶
- In July 2007, two patients at Heartland Hospital were given five times the dose of amphotericin B, an antifungal medication, and died⁷

Guardrails Suite MX software is the only software that could have potentially protected these patients—and their caregivers—against these errors.
Customized to reinforce your best clinical practices

Guardrails Suite MX software offers the most complete medication safety solution. With superior safety and customized features, it allows you to create comprehensive drug and fluid libraries. These features include:

- **Double-check protection** to protect the medication total dose and delivery duration
- **Anesthesia mode** to provide dosing and delivery options not available to clinicians on the units
- **Bolus dose drug identification and rate limits** to ensure safe medication delivery at very high or low rates
- **Therapies** that create one drug entry with different dosing options and Guardrails limits for clinicians to customize treatment based on a patient’s clinical condition
- **Dedicated IV fluid library** to help configure rate limits for each IV fluid in a profile and determine if that fluid allows secondary support
- **Customizable clinical advisories** to remind clinicians of best practices throughout IV therapy
- **PCA pause protocol** to automatically pause a PCA infusion if the patient falls below hospital-defined respiratory monitoring limits

"Guardrails software double-checks that the patient gets the correct dose over the correct time frame."

Theresa Franco
Executive Director of the Cancer Care Service Line
Nebraska Medical Center
References
2 Data: Based on internal analysis of aggregate CQI Alaris System data from 300 hospitals. CareFusion data, 2010.